

**Part D Voluntary Prescription Drug Benefit Program**

**Benefits and Costs**

**for People with Medicare**

If the Customer Receives:	Premium Amount	Co-Payments	Deductibles	Coverage Gap													
<b>Medicare &amp; Medicaid</b> <i>(dual eligible).</i>	<b>\$0.00</b>  <i>(unless the person chooses a plan with a premium that exceeds the standard premium).</i>	<ul style="list-style-type: none"><li>Income ≤100% FPL</li><li>\$1.05 for generic</li><li>\$3.10 for brand name</li><li>No co-pay for costs above \$5,600.00</li></ul> <b>Income &gt;100%FPL</b> <ul style="list-style-type: none"><li>\$2.25 for generic</li><li>\$5.60 for brand name.</li><li>No co-pay for costs above \$5,600.00</li></ul> Note: Co-pays reduce to <b>\$0.00</b> for a person in a nursing facility ( <b>NF</b> ) or <b>ICF-MR</b> for the entire month.	<b>None</b>	<b>None</b>													
<ul style="list-style-type: none"><li><b>QMB-only</b></li><li><b>SLMB, or</b></li><li><b>QI</b></li></ul> <i>(Deemed Eligible)</i>	<b>\$0.00</b>  <i>(unless the person chooses a plan with a premium that exceeds the standard premium)</i>	<b>QMB-only</b> <ul style="list-style-type: none"><li>\$1.05 for generic</li><li>\$3.10 for brand name</li><li>No co-pay for costs above \$5,600.00</li></ul> <b>SLMB or QI</b> <ul style="list-style-type: none"><li>\$2.25 for generic</li><li>\$5.60 for brand name</li><li>No co-pay for costs above \$5,600.00</li></ul>	<b>None</b>	<b>None</b>													
<b>Medicare &amp; Low Income Subsidy</b> <i>(no Medicaid and no QMB, SLMB or QI)</i> <b>Resources ≤ \$10,490.00/\$20,970.00 and</b> <b>Income &lt;150% FPL for the family size:</b> <ul style="list-style-type: none"><li>1 – \$1,299</li><li>2 – \$1,749</li><li>3 – \$2,199</li><li>4 – \$2,649</li><li>5 – \$3,099</li><li>6 – \$3,549</li></ul>	The premium is <b>0% - 100% of the standard premium</b> based on income. <i>For example, if the standard premium is \$32.20 and the income is:</i>		<b>Income ≤ 135% &amp; Resources ≤ \$6000/\$9000</b>		<b>None</b>												
			<ul style="list-style-type: none"><li>\$2.25 for generic</li><li>\$5.60 for brand name</li><li>No co-pay for costs above \$5,600.00</li></ul>	<b>None</b>													
			<b>Higher Income or Resources</b>														
	<table><tr><th>% of FPL</th><th>Premium</th></tr><tr><td>≤135</td><td>\$ 0.00</td></tr><tr><td>136-140</td><td>\$ 9.34</td></tr><tr><td>141-145</td><td>\$18.68</td></tr><tr><td>146-149%</td><td>\$27.93</td></tr><tr><td>150%</td><td>\$37.18</td></tr></table>		% of FPL	Premium		≤135	\$ 0.00	136-140	\$ 9.34	141-145	\$18.68	146-149%	\$27.93	150%	\$37.18	<ul style="list-style-type: none"><li><b>15%</b> of drug costs for first \$5,600.00 in prescription costs.</li></ul> <b>After \$5,600.00</b> the co-pays are reduced to \$2.25 for generic and \$5.60 for brand name.	<b>\$56.00</b>
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<p><b>Medicare</b> (Standard Part D costs)</p> <p><b>Excess Income</b> (&gt;150% FPL) <b>and/or</b> <b>Excess Resources</b></p> <ul style="list-style-type: none"> <li>• <b>&gt;\$10,490.00</b> <i>single</i></li> <li>• <b>&gt;\$20,970.00</b> <i>couple</i></li> </ul>	<p>About <b>\$27.93monthly</b></p> <p><i>(unless the person choose a plan with a premium that exceeds the standard premium)</i></p>	<ul style="list-style-type: none"> <li>• From \$775.00.0 to \$4,050.00, <b>25%</b> of the drug costs</li> </ul> <p>After \$5,600.00 co-pays are reduced to</p> <ul style="list-style-type: none"> <li>• <b>\$2.25</b> for generics</li> <li>• <b>\$5.60</b> for brand name or</li> <li>• <b>5%</b> of drug costs, whichever is higher.</li> </ul>	<p><b>\$275.00</b></p>	<p>All prescription costs <b>from \$4,050.00.01 through \$5,600.00</b> are the customer's responsibility.</p>
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